

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 571461

FILING DATE

3/13/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13	1		1			
14		1	1			
15		3				
16		4				
17		5				
18		6				
19		7				
20		8				
21		9				
22		10				
23		11				
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26		14				
27		15				
28		16				
29		17				
30		18				
31		19				
32		20				
33		21				
34		22				
35		23				
36		24				
37		25				
38		26				
39		27				
40		28				
41		29				
42		30				
43		31				
44		32				
45		33				
46		34				
47		35				
48		36				
49		37				
50		38				
TOTAL IND.			2			
TOTAL DEP.			20			
TOTAL CLAIMS			02			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						